

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
UTILITY PATENT APPLICATION TRANSMITTAL

PA1 NT

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: **Goetzke et al.**  
**CHRONIC PAIN PATIENT IDENTIFICATION SYSTEM**

CERTIFICATE UNDER 37 CFR §1.10 I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Assistant Commissioner of Patents, Washington, D C 20231, "EXPRESS No EL084632579US, on this 27 day of April, 2001.

Teresa D. Morgan  
Printed Name

Signature

Assistant Commissioner for Patents  
**BOX PATENT APPLICATION**  
Commissioner of Patents and Trademarks  
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

X **Patent Application Transmittal**  
X **Specification:**

**Total pages: 43** (including 1 Cover Sheet; Spec. 32 sheets; Claims 9 sheets; Abstract - 1

X **Drawings: 20 Sheets of Informal Drawings**  
X **Unsigned Combined Declaration and Power of Attorney**  
X **Return Postcard**

X Address all future correspondence to:

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FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	30	20	10	x 18	\$180.00
Independent Claims	4	3	1	x 80	\$ 80.00
Multiple Dependent Claims				+ 270	\$ 0.00
Basic Filing Fee					\$710 00
TOTAL					<b>\$970.00</b>

X Charge Deposit Account No. 13-2546 the sum of \$970.00 (Filing Fee) and for a total of **\$970.00.**

X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1 17, or credit any overpayment to Deposit Account No. 13-2546.. A duplicate of this transmittal is enclosed.

Date

27 APR 01

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